

RECEIVED

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MAINEETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Maine Ethics Commission</u> by **5:00 p.m. on April 16, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

EMPLOYEE INFORMATION				
Name	Title			
TERRANCE BRANN JR Department/Agency/Bureau/Division	A.G. Work Pt	ng State Controllo-		
TERRANCE BRANN JR Department/Agency/Bureau/Division Administrative and Financial Socials /064 Mailing Address, City, ZIP	a of State Controller 621	0-8420		
14 SHS, August ME 04333-				
PART 1. INCOME DERIN	/ED FROM EMPLOYMENT BY AI	IOTHER		
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000	or more. Specify the principal type of		
None	રી દિવસિંહ નાત્ર <mark>વિજય સ્વાપ્ત્ર મામ સામાર સામ</mark> 	\$\pi\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
	YIIII:00YIII:#IIII\\\\$AAA\\\\\\\\\\\\\\\\\\\\\\\\\\\\	THE CONTROL OF THE PROPERTY OF		
		3		
PART 2. INCOME DERIVED F	ROM SELF-EMPLOYMENT OR LA	W PRACTICE		
A. List the name and address of your business or law firm,	if any, and list the major areas of eco	nomic activity or practice from which you		
derived income. If associated with a partnership, firm, profe activity or practice of that entity.	ssional association, or similar busines	s entity, list the major areas of economic		
None	mu mel fol yadan, m _e mmunun elmekelesi Sebel Polumol de bahanfant felafi fol majamalammila pam mua _e m mua _t am _e	na pamanan na pamanan pada pada pada pada pada pada pada		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity			
	of the largest of the section to the contract of the contract	business entity)		
Name:	·			
Address:				
Name:				
Address:				
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT				
B. List each source of income derived from self-employment or practice that represents more than whichever is greater, and specify the principal type of economic activity of the entity or person from w form of disclosure is prohibited by law, rule, or an established code of professional ethics, specificactivity of the entity or person from whom the income was derived.	hom you derived such income. If this			
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:				
Address:				
Name:				
Address:				
PART 3. OTHER SOURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gift box.	s or honoraria. If none, check the			
None	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Name and Address of Source	Kind of Income (investments, leases, etc.)			
Name:	androise (the control of the control			
Address:				
Name:	рандаруудган адамгодог анад 55 гуд оно доог ойон аланга түрөөгөө хөгөөрүү өгүнөө үү өгүнөө үү бүй байда (Ангон А. М. Ш. Мереденин Адам 2000).			
Address:				
Name:	and the second s			
Address:				
PART 4. REPORTABLE LIABILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during th areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, I made as campaign contributions, or business loans from regulated financial institutions. If none, chec	oans from a relative, loans that were			
None None				
Name and Address of Creditor	Principal Type of Economic Activity of Creditor			
Name:				
Address:				
Name:				
Address:				
PART 5. REPORTABLE GIFTS				
List the specific source of gifts received during the reporting period with an aggregate value of more th	an \$300. If none, check the box.			
☑ None	digitata Pamajitat Paja Pater papatan Pajaran samunum, yai jadi pama sama sama sama sama sama sama sama			
Name of Source of Gift Name of 3.	f Source of Gift			
2. 4.				

PART 6. RI	EPORTABLE HONORARI	A
List the source of any honoraria accepted for appearances or	and the second of the second section of the second second second second second second second second second sec	
None Non	ellethille entile enument erg teepige NAMANIII IIIII Alkehalikki kerkisk een perses saysay ay engangu sepangu sep	
Name of Source of Honoraria	e ditional distribution de experience de graphique de production de la company de la company de la company de p La company de la company de	Name of Source of Honoraria
1.	3,	
2.	4.	
<u>-</u> .	. ** :	
PART 7. REPRESEN	TATION BEFORE STATE	AGENCIES
List each executive branch agency before which you or compensation of any amount other than your official salary. none, check the box.	a member of vour immed	liate family represented or assisted others for
☑ None	ermentermentervidationistikkopitettiisikkytettiisikyteenteritettiinen misteelistiitiinen kalateilisikkytettiis	488 - 488 -
Name of Agency	POOR PET POET A SESSENTIAL EST TOUR OF A SESSENTIAL EST AND THE SESSENTIAL EST AND THE SESSENT A SESSENT A SESSENTIAL EST AND THE SESSENT	Name of Agency
1.		international control of the control
2.	4,	
	IESS WITH STATE AGEN	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family so I family member sold the good	sold goods or services with a value in excess of ds or services. If none, check the box.
None	ktoroostomistostostostostostostaaktallillillillillillillillillillillillilli	
Name of Agency		Name of Agency
1.	3 .	
2.	4.	
PART 9. INCOME RECEIVE		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only not include gifts.	d of income represented. If ve	our spouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Ac Representing Source of Received	
Name: Dawn Brann	1. Banking	1. Employment
Name: Dawn Brann Job Title: Branch Superior	2.	2.
soo the Barch Sylven	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title: Customer Sorvie	Food Sovia	Employent
Job Title:		
Job Title:	*** - Programming design of the state of the	1 + (1 + (1 + (1 + (1 + (1 + (1 + (1 +

List any for-profit or nonprofit corporation, firm, association, par- held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate your	re. Indicate whethe	er you or a family held	ember of your immed	iate family
100.2000/AGRICALINGS DATE AND ACTION OF CONTROL OF CONTROL AND STATES AND ACTION ACTION AND ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION AND ACTION		e name of the family		ether the posi-
☑ None		e kanala kata kata kata kata kata kata kata k	i kan kamanan kan darak prokuman daram manan kan kan kan dari ka kan kan kan kan kan kan kan kan daribara.	kangaganga khamipa kanawaka ta mamipa a na manipa kanawa
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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Visit Control of Contr			PERSONAL PROPERTY SALES	
	SIGNATURE			
I affirm that the contents of this report are true, complete a		e best of mv knowl	edae.	galgagala in iak majalanda-
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The Draw		3/25/	<u>/10</u>	
Signature	ed da	/ [Date	
Signature Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney-at-law My commission expires	$\frac{1}{2}$ day of $\frac{m}{2}$	arch	20 <u>/0</u> .	
Signature of Notary Public/Attorney-at-law	4 Gode	tte		
My commission expires (Seal is optional) (Date)) 10			
(Sear is Optionar) (Date)				
ADDITIO	NAL INFORMATI	ON		
Please provide any additional information below (and on the information you are providing. Use additional pages,		if needed). Indicat	te the part or sectio	n number for
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